

OFFICIAL

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CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE

DATE: July 28, 2003

TO: Examiner: Joseph Perrin
Art Unit: 1746
Fax: 703-872-9311
From: Thomas M. Fisher

RE: U.S. Patent Application
Serial No.: 09/742,548
Applicant: Hegeman et al.
Atty. Dkt. No.: 9D-DW-19776

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DOCUMENTS SUBMITTED WITH TRANSMISSION:

Facsimile Transmittal (1 pg.);
Amendment Transmittal (3 pgs.)
Amendment in Response to Office Action of June 4, 2003 (6 pgs.)
Submission of Marked Up Claims and Paragraphs (2 pgs.)

Total pages including cover page: 12

If all pages are not received, please contact: Mandy Robinson at Ext. 7447

RE: The above referenced U.S. Patent Application
Title: DISHWASHER FINE FILTER ASSEMBLY WITH FILL DRAIN SLOPE
Filed: December 22, 2000

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,
Facsimile Number 703-872-9311 on the date shown above.


Thomas M. Fisher, Reg. No.: 47,564

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PATENT
Attorney Docket No.: 9D-DW-19776

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hegeman et al.
Serial No.: 09/742,548
Filed: December 22, 2000
For: DISHWASHER FINE FILTER
ASSEMBLY WITH FULL DRAIN SLOPE

Group No.: 1746
Examiner: Perrin, Joseph

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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TRANSMITTAL

- Transmitted herewith is:
Facsimile Transmittal (1 pg.)
Amendment Transmittal (3 pgs.)
Amendment in Response to Office Action of June 4, 2003 (6 pgs.)
Submission of Marked Up Claims and Paragraphs (2 pgs.)

STATUS

- Applicant
☐ claims small entity status.
☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS

Express Mail No.

Date:

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Attorney Name, Reg. No.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 410.00	\$ 205.00
<input type="checkbox"/> third month	\$ 930.00	\$ 465.00
<input type="checkbox"/> fourth month	\$1,450.00	\$ 725.00
<input type="checkbox"/> fifth month	\$1,970.00	\$ 985.00

Fee Due

\$

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL	MINUS	=	=	x \$9 = \$		x \$18 = \$
INDEP.	MINUS	=	=	x \$42 = \$		x \$84 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$140 = \$		+ \$280 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a)
- ☒
- No additional fee for Claims is required

OR

- (b)
- ☐
- Total additional fee for claims required \$ _____

FEE PAYMENT

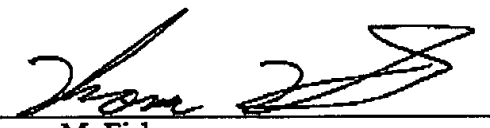
5. _____ Attached is a check in the sum of \$ _____
- ☐ Charge Deposit Account No. 01-2384 the sum of \$ _____
A duplicate of this transmittal is attached.

FEE DEFICIENCY

- 6.
- ☒
- If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:


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